a fascial transplant, but he does not think it likely, as the tissue surrounding the fistula was densely indurated, and would in all probability have retracted as in the other attempts. There is no difficulty associated with the technique of transplanting such a small piece of fascia, which is almost sure to heal well, and which certainly, in Schmidt's opinion, gives valuable extra support in cases such as the one cited.

Menstrual Disturbances of Tuberculous Origin.—The menstrual disturbances which often accompany tuberculosis, and which have usually been attributed to the consequent anemia or cachexia, are really, according to HOLLÓS (*Deutsch. med. Woch.*, 1912, xxxviii, 2407), toxic phenomena, *i. e.*, specific manifestations of the tuberculous virus localized somewhere in the body. He thinks that an unusually early or an unusually late onset of menstruation (before the eleventh, or after the sixteenth year) is very suggestive of tuberculosis; when tuberculosis is acquired after menstruation has been established, its toxic influence is often manifested by irregularities, amenorrhea, or dysmenorrhea. Hollós thinks that these toxic phenomena stand in some relation to the degree of immunity possessed by the individual, and to the power of reaction to a given source of intoxication, basing this belief on his experience that these toxic symptoms are absent in a much larger percentage of prognostically unfavorable cases than of cases with a good prognosis, and also on his observation that the menstrual disturbances not infrequently disappear after specific treatment of the tuberculosis.

Ovarian Involvement in Epidemic Parotitis.—In contradistinction to the testicle, which, as is well known, is exceedingly frequently the seat of a metastatic infectious process in cases of mumps, very seldom has similar involvement been demonstrated in the ovary, and 2 such instances reported by BROOKS (*Jour. Amer. Med. Assoc.*, 1913, lx, 359) are therefore of interest. Both patients were multipara, aged twenty-eight and twenty-four years respectively; in the first case the parotid involvement was unilateral and comparatively slight, but accompanied by a temperature of 104°. Seven days after its onset the ovary of the same side became enlarged, very painful, and tender on examination; the symptoms subsided after a couple of days, but the next menstrual period came on ten days ahead of time, and was more profuse than normal. In the second case the parotid involvement was bilateral, and was followed in five days by very severe pelvic pain on both sides. On examination both ovaries were found enlarged to the size of large eggs, and extremely tender. Two days after this, an acute mastitis supervened, affecting both breasts, but soon subsided, as did the ovarian inflammation. Both these patients have been under observation for a period of five years or over since their attack, and in neither instance has pregnancy occurred during this time. Brooks believes that while the condition is decidedly uncommon, it probably occurs more frequently than is generally supposed, as unless the symptoms are very marked, as in the cases he reports, it is not thought of or examined for. The probable reason for the infrequency of ovarian involvement as compared with that of the testicle is that the latter is much more exposed to slight trauma, which favors the localization of secondary infection. Judging from these cases, and the comparatively few to be found in the literature, the involvement of the ovary appears to be a benign process, undergoing spontaneous cure, though at times associated with temporary menstrual disturbances.

Differential Diagnosis Between Ascites and Ovarian Cysts.—A simple method of clearing up the diagnosis in cases of doubt between ascites or a relaxed ovarian cyst is described by DIENST (*Münch. med. Woch.*, 1912, lix, 2731). He recommends it especially to the attention of general practitioners who may under these circumstances be forced to tap in order to relieve threatening pressure symptoms, or because of the patient's refusal of exploratory operation. The test is based upon the fact that ascitic fluid always contains fibrinogen, which is precipitated by common salt, whereas this is never found in the contents of ovarian cysts. If, therefore, a small quantity of the fluid removed at the tapping is placed in a test-tube, and one-third its volume of salt added, a flocculent precipitate will form on standing, after the salt has dissolved, if the fluid is ascitic in origin. If no precipitate forms, the fluid is certainly not ascitic, and exploratory operation should be insisted on. Dienst thinks that this test has a distinct field of usefulness, for in not a few cases of ovarian cyst, the contained fluid presents all the appearances of that from an ascites, and *vice versa*, in some cases of ascites with admixture of chyle, the fluid may strongly suggest rather thin cyst-contents.

Relation of Corpus Luteum Formation to Menstruation.—In a paper published about a year ago, and reviewed in this department at that time, Fraenkel stated his belief, based on clinical observation during laparotomies, that corpus luteum formation occurs in the intermenstruum, and chiefly in the second half of this period, so that while ovulation and menstruation do not occur simultaneously, they have a direct time-relation to each other. These clinical observations have been completely confirmed by histologic studies made by MEYER and RUGE (*Zentralbl. f. Gynäk.*, 1913, xxxvi, 50) on 87 ovaries removed during hysterectomies. By comparing the ovarian findings with the menstrual histories of the patients, and with the histologic appearance of the endometrium of the corresponding uteri, Meyer and Ruge have determined that the stage of proliferation begins about eight to twelve days after the preceeding menstruation, the stage of vascularization about the fourteenth day, and that practically complete development of the corpus luteum is reached by the seventeenth day, although the cells continue to undergo some slight further increase in size up to one or two days before the beginning of the next menstruation. Involution then begins, and by the eighth day after the menstrual period—*i. e.*, by the time the new corpus luteum is ready to start development—the old one has become completely functionless, but its complete involution to a corpus albicans, with loss of all lutein cells, takes a much longer time, so that five or six degenerating corpora lutea are often found in one ovary. In case pregnancy occurs, however, the corpus luteum remains at the height of its development throughout, and by the second month can be distinguished from that of menstruation by the rich plication of the cell layer and the extensive develop-